PTO/SB/21 (10-07) Approved for use through 10/31/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE erwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number **Application Number** 10/645,368 **RANSMITTAL** Filing Date August 21, 2003 **FORM** First Named Inventor James R. Rogers Art Unit 3677 Examiner Name Ruth C. Rodriguez (to be used for all correspondence after initial filing) Attorney Docket Number NAMKU-080A

Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)								
X	Fee Transmittal Form X Fee Attached		Drawing(s) Licensing-related Papers			After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences		
X X _	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement		Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): - Return postcard		
	Reply to No Incomplet	Missing Parts/ e Application eply to Missing Parts ider 37 CFR 1.52 or 1.53		narks	T. ATTODNIS	-V 00	405117	
	1	SIGNA	TURE	OF APPLICAN	IT, ATTORNE	EY, OR	AGENT	
Firm Name STETINA BRUNDA		GAR	RED & BRUC	KER				
Signature								
Printe	d name	Kit M. Stetina	<u> </u>					
Date		October 18, 2007 Reg. No. 29,4),445		
CERTIFICATE OF TRANSMISSION/MAILING								
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PTO/SB/17 (10-07)

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Effective on 12/08/2004.

X Applicant claims small entity status. See 37 CFR 1.27

Complete if Known 10/645,368 **Application Number** Filing Date August 21, 2003 First Named Inventor James R. Rogers Examiner Name Ruch C. Rodriguez 3677 Art Unit NAMKII-080A

TOTAL AMOUNT OF PAYMENT	(\$) 525.00		Attorney Docke	t No. NA	MKU-080 <i>A</i>		
METHOD OF PAYMENT (check all that apply)							
X Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 19-4330 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
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Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION						,	
	NG FEES Small Entity		RCH FEES Small Entity		ATION FEES Small Entity		
Application Type Fee		Fee (\$		Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility 310	100	510	255	210	105		
Design 210		100	50	130	65		
Plant 210		310	155	160	80		
Reissue 310	100	510	255	620	310		
Provisional 210	105	0	0	0	0	· 	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Multiple Dependent Claims							
- 20 or HP =	x	_ =			Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20. Indep. Claims							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 = /50 = (round up to a whole number) x 0.00 = 0.00							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)							
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SUBMITTED BY Registration No. Signature Telephone 949-855-1246 29,445 Date Name (Print/Type) Kit M. Stetina October 18, 2007

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